

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11246926

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Duke Broome

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

D

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

July 29, 1878

8. AGE:

Years

Months

Days

11 less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

Calvert County, Md

10. Usual occupation

Clerk

11. Industry or business

FATHER

12. Name

MOTHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month)

(day)

(year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

19. W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

No

3. (b) Social Security Number

?

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30 1946 at 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

hypertension 1945 to March 30 1946

and that I last saw him alive on March 23 1946

Immediate cause of death

cardiac occlusion

Due to hypertension disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Duke D. Broome

M. D. or other

Address

Date signed



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is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-6

02470

25

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County

Calvert

City or town

Bromes Island, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James A. Duke

4. Sex

Male

5. Color or race

White married

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

Julie Roberts Duke

7. Birth date of deceased (mo., day, yr.)

Oct. 13, 1864

6.(c) If alive, give age 79 years

8. AGE:

Years

Months

Days

If less than one day

81

5

15

hrs. min.

9. Birthplace

Calvert Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Basil A. Duke

MOTHER

13. Birthplace

Calvert Co., Md.

14. Maiden name

Virginia Wilson

15. Birthplace

Calvert Co., Md

16. Informant

Mrs. Ramsay Hodges

Address

Bromes Island, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 30, 1941

(month) (day) (year)

Cemetery or crematory

Christ Church

Location

Port Republic, Md

18. Funeral director

O. O. Starkness & Son

Address

Mutual, Md

19. (Date rec'd by registrar)

19.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Bromes Island

(If outside city or town limits, write RURAL and give nearest town)

Street No.

220

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

2D. DATE OF DEATH: Mar. 28, 1946, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 left 1945, to 27 Mar. 1946

and that I last saw him alive on 27 Mar. 1946

Immediate cause of death

carriage of prostate

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address: Hanbury Jones Date signed: 28 May 46

RECEIVED

APR 3 1946

BUREAU V.R.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

02471 22

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

County CalvertCity or town Port Republic

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ralph Eddie Elliott

4. Sex

5. Color or race

Male white Single

6. (a) Single, married, widowed, or divorced

7. Birth date of deceased (mo. day, yr.) Sept 16 1923

8. (c) If alive, give age years

8. AGE: Years 22 Months 5 Days 26 If less than one day hrs. min.9. Birthplace Broomes Island, Md.

(Town, county, and state)

10. Usual occupation Fisherman

11. Industry or business

12. Name Benson Elliott13. Birthplace Broomes Island, Md.14. Maiden name Iva Parks15. Birthplace Broomes Island, Md.16. Informant Health RecordsAddress Prince Frederick, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 3-15-46
(month) (day) (year)Cemetery or crematory Broomes IslandLocation Broomes Island, Md.18. Funeral director A.A. Hartness & SonAddress Mutual, Md.19. 3-13 1946 H.W. Ward
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CalvertCity or town Broomes Island

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ to _____

and that I last saw him alive on _____

Immediate cause of death

Fractured skull

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings or operations _____

Date of op. _____

Autopsy results

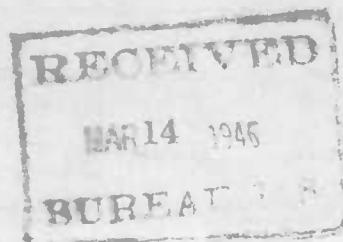
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3/12/46Where did injury occur? Port Republic, Calvert, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) State roadMeans of injury auto accident Injured at work? No

23. SIGNATURE

Douglas Ward M. D. or otherAddress Orange S., Md. Date signed 3/12/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No.

02473
32

1. PLACE OF DEATH:
County Calvert Md.

City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Isaac Freeland
4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 1875 8. (c) If alive, give age years

8. AGE: Years 71 Months Days If less than one day hrs. min.

9. Birthplace Calvert, Md.
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER
12. Name Isaac Freeland
13. Birthplace Calvert, Md.

14. Maiden name Emma Kent
15. Birthplace Calvert, Md.

16. Informant Eugene Chase
Address Huntingtown, Md.

17. Burial Date thereof Nov. 25, 46
(Burial, cremation, or removal. Which?)
Cemetery or crematory Patuxent.

Location Huntingtown, Md.
18. Funeral director P.C. Scowell
Address Prince Frederick, Md.

19. 3-25 1946 C. Farin
(Date rec'd by registrar) P.T. Registrar
Address Huntingtown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Calvert

City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(u) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1946, at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to,
and that I last saw him alive on 22 Mar 19 46

Immediate cause of death Cerebral aneuryst DURATION

Due to alvostomus

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

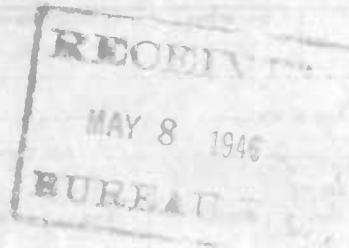
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE I. W. Scowell M. D. or other

Date signed.....

MAY 4 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2000

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary E. Straaten.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

m.

C

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 3, 1929

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

16

(Town, county, and state)

10. Usual occupation

1

11. Industry or business

MOTHER

FATHER

12. Name

James Straaten

13. Birthplace

Md

14. Maiden name

Georgia Gross

15. Birthplace

Md

16. Informant

Margarete Brown

Address

St Leonards rd

17. Burial

Burial

Date thereof 3-16-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Brooks Chapel

Location

Calvert.

18. Funeral director

P.E. Sewell

Address

Prince Frederick rd

19. (Date rec'd by registrar)

3-11-76

19. 76

H.W. Ward

Registrar

313724 27

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1947 at 10 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19...

to

and that I last saw h. alive on

Immediate cause of death

Cause not determined

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

H. W. Ward

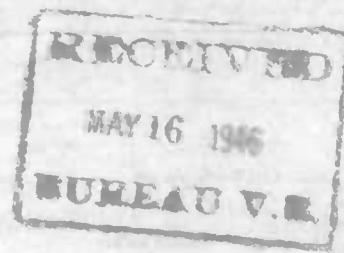
M. D. or other

Address

Calvert MD

Date signed

31/8/46





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-6

23

CERTIFICATE OF DEATH

Reg. Dist. No. 51

FILM No. 101 MAR 26 1946

1. PLACE OF DEATH:

County Calvert Hospital

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

3. (a) FULL NAME

John Samuel Tyler.

4. Sex

m

5. Color or race

c.

6.(a) Single, married, widowed, or divorced

x

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

June 15, 1881

6.(c) If alive, give age years

8. AGE:

Years Months Days If less than one day
65 hrs. min.

9. Birthplace

md. (Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

James Tyler.

12. Name

md.

13. Birthplace

Harriet Gross.

14. Maiden name

md.

15. Birthplace

Enoch Tyler.

Address Prince Frederick.

Burial Date thereof 3-12-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Youngs. Church

Location Calvert.

16. Funeral director P. E. Sewell.

Address Pr. Frederick, Md.

17. (Date rec'd by registrar) 3-12-46

N. W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md.

County

Calvert

City or town Huntingtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

3, 8, 1946 at 10:30 m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1946 to March 8, 1946

and that I last saw him alive on March 8, 1946

Immediate cause of death

accident

Due to

trauma

Due to

nephritis

Other conditions

Ca of prostate

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. J. L. Marshall M. D. or other

Prince Frederick, Md. Date signed March 11/46

Address

